Palomar Health

Medicare Community-Based Care Transitions Program



High Risk Criteria based on RCA

- Eight or more medications
- Multiple Chronic Conditions
- AMI or PNEU or CHF
- Two or more readmissions in the past twelve months
- Two or more ED visits in the past 6 months



The Palomar Approach

 Reduced our target population from 3839 to 2879 by refining our targeting criteria

 Direct Service will be provided by High Risk Healthcare Coach (HRHC) changed from Nurse Navigator

Direct Service by a Pharmacist



Interventions by HRHC

- Receive referrals from Case Management
- Round with hospitalists to facilitate communication with PCP
- Daily visits with pt/family to determine barriers to learning & best teaching methods
- Confer with CNS, pharmacist & other pt educators
- Verbal handoff to CTI
- Phone Call F/U



Interventions by Pharmacist

- Assess barriers in pt compliance to drug therapy
- Provide patient ed. on home medication
- Resolve pharmacy-specific barriers for safe discharge
 - Utilize low-cost generic plans when available
 - Work with insurance to arrange auth if required
 - Pharm Assistance Program (financial assistance)

Patient Volume Breakdown

Total Medicare 2010 Admissions 6758

 Admissions eligible for CCTP based on RCA and Unique 180 Day Admissions (CMS)
 3839

- 2/3 PMC
- 1/3 POM



Total Service Breakdown

Total high risk target population 2879

– HC Coach Only
719

– HC Coach & Pharmacist
1200

— HC Coach + Referral to CTI
960

– F/U Phone Calls
1583

Pts not requiring CTI or SNF

